

Fill in this information to identify the case:

Debtor name Grisham Farm Products, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 16-61149

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 23, 2016

X /s/ Lexie Grisham

Signature of individual signing on behalf of debtor

Lexie Grisham

Printed name

Director

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Grisham Farm Products, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **16-61149**

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Great Southern Bank**

1914

\$0.00

3.2. **Great Southern Bank**

1744

\$500.00

3.3. **HomePride Bank**

0537

\$0.00

3.4. **Bank of Missouri**

4699

\$692.91

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,192.91

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

Debtor Grisham Farm Products, Inc. Case number (If known) 16-61149
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7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. SeMaNo Electric Unknown

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 11,850.00 - 0.00 = \$11,850.00
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 121,870.33 - 0.00 = \$121,870.33
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 4,787.44 - 0.00 = \$4,787.44
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 52,425.32 - 0.00 = \$52,425.32
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 31,504.90 - 0.00 = \$31,504.90
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 58,195.32 - 0.00 = \$58,195.32
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 108,227.88 - 0.00 = \$108,227.88
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 58,326.70 - 0.00 = \$58,326.70
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 500.00 - 0.00 = \$500.00
face amount doubtful or uncollectible accounts

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11b. Over 90 days old:	<u>4,280.74</u>	- <u>0.00</u> =....	<u>\$4,280.74</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>10,914.83</u>	- <u>0.00</u> =....	<u>\$10,914.83</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>2,572.00</u>	- <u>0.00</u> =....	<u>\$2,572.00</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>25.55</u>	- <u>0.00</u> =....	<u>\$25.55</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>19,600.00</u>	- <u>0.00</u> =....	<u>\$19,600.00</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>11,000.00</u>	- <u>0.00</u> =....	<u>\$11,000.00</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>86,379.40</u>	- <u>0.00</u> =....	<u>\$86,379.40</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>1,000.00</u>	- <u>0.00</u> =....	<u>\$1,000.00</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>750.00</u>	- <u>0.00</u> =....	<u>\$750.00</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>77,523.94</u>	- <u>0.00</u> =....	<u>\$77,523.94</u>
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>99,866.40</u>	- <u>0.00</u> =....	<u>\$99,866.40</u>
	face amount	doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$761,600.75

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 3

Debtor Grisham Farm Products, Inc.
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- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 17 Office Desks	Unknown		\$0.00
	17 Office Chairs	Unknown		\$0.00
	5 Wooden Bookcases	Unknown		\$0.00
	2 - 5 drawer metal filing cabinets	Unknown		\$0.00
	2 - 4drawer metal filing cabinets	Unknown		\$0.00
	4- 4 Drawer Wooden filing cabinets.	Unknown		\$0.00
	8 break room tables	Unknown		\$0.00
	1 - 10 foot long wooden conference room table	Unknown		\$0.00
	1 - 7 ft long wooden lunch table	Unknown		\$0.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 16 Desktop computers	Unknown		\$0.00
	1 Laptop Computer	Unknown		\$0.00
	2 copy machines	Unknown	N/A	\$8,500.00
	Toshiba Phone system with 18 digital	Unknown	N/A	\$1,500.00

Debtor Grisham Farm Products, Inc. Case number (If known) 16-61149
Name

telephones

Surveillance Camera System	Unknown	N/A	\$1,000.00
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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$11,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest

(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. See attached listing	\$0.00	Tax records	\$785,000.00
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48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Genie GS-2032 Lift	\$0.00	Tax records	\$7,600.00
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Cat Model IT18F Loader	\$0.00	Tax records	\$13,000.00
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70 Ft. Conveyor Links	\$0.00	Tax records	\$2,000.00
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(3) New Holland L230 Loader/Skidsteers	\$0.00	Tax records	\$93,000.00
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(3) Caterpillar 4600 LB Forklifts	\$0.00	Tax records	\$16,500.00
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(2) Caterpillar 3500 Lb Forklifts	\$0.00	Tax records	\$10,800.00
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Debtor	Grisham Farm Products, Inc.	Case number (If known)	16-61149
	Name		
(3) John Deere 244J Loaders	\$0.00	Tax records	\$112,500.00
(1,500) 42" X 42" X 36" Plastic Totes	\$0.00	N/A	\$500.00
(2) Wilmar 4550 Articulating Loaders	\$0.00	Tax records	\$24,000.00
(2) Wilmar 4550 Articulating Loaders	\$0.00	Tax records	\$20,000.00
Tools/ Tool Chest	\$0.00	N/A	\$200.00
Oil Collection and Heating System	\$0.00	Tax records	\$880.00
Miller Portable Welder with Attachments	\$0.00	N/A	\$500.00
Hy Flo Diesel Powered Steam Cleaner	\$0.00	Tax records	\$1,000.00
Mitsubishi 8000 lb. Lift	\$0.00	Tax records	\$4,500.00
Scotchman 6509 - 24M Ironwork	\$0.00	Tax records	\$3,330.00
SN 3.1417 Roller Brake	\$0.00	Tax records	\$500.00
DO All SN GN26088 Metal Working Machine	\$0.00	Tax records	\$2,025.00
Torches, Tanks & Welders	\$0.00	Tax records	\$255.00
Betenbender Metal Shear	\$0.00		\$11,900.00
Electric Pipe Threader	\$0.00	Tax records	\$500.00
Niagra Model 100-10-112 SN 33498 Metal Brake	\$0.00	Tax records	\$15,390.00
K.O. Lee Precision Grinder	\$0.00		\$1,335.00
Drill Bit Sharpener	\$0.00	Tax records	\$1,145.00
Rutland Model 949VS SN 4946 Milling Machine	\$0.00	Tax records	\$1,715.00
Standard Series 2000 13" Lathe	\$0.00		\$1,110.00
Chevalier FM 3VS SN BM 858465 Milling Machine	\$0.00	Tax records	\$4,250.00

Debtor	Grisham Farm Products, Inc.	Case number (If known)	16-61149
	Name		
Jet 1440-3pGH SN 321398 Lathe Automatic/Switched Capacitor VM500-480	\$0.00	Tax records	\$2,500.00
Electrical Equipment for Mills	\$0.00	Tax records	\$1,648,500.00
(4) Kuhn Knight Model 5144 Vertical Mixers	\$0.00	Tax records	\$56,000.00
(2) Kuhn Knight Model 5055 Vertical Mixer	\$0.00	Tax records	\$16,000.00
(3) APS Seperators	\$0.00	Tax records	\$12,200.00
Haemag Model APS 1015W3 Impactor Mill	\$0.00	Tax records	\$94,250.00
Dust Collection System	\$0.00	Tax records	\$114,000.00
Dunnage PT4-2-4058-GDPRB-55 287 Tote Washing System	\$0.00	Tax records	\$107,640.00
Quincy Air Compressor with Air Tank	\$0.00	Tax records	\$2,875.00
(2) Roto Mix Model 354-812 Mixers	\$0.00	Tax records	\$8,000.00
(2) Gas Powered Steam Cleaner	\$0.00		\$6,395.00
(3) MEV 510 Shaker Screens	\$0.00	Tax records	\$65,340.00
(3) Shaker Screens	\$0.00	Tax records	\$81,855.00
Oil Skimming Unit	\$0.00	Tax records	\$7,410.00
3000 Gallon Oil Skimming Tank	\$0.00	Tax records	\$685.00
Stainless Steel Drying Drum 10' X 50'	\$0.00	Tax records	\$3,000.00
Unimaster DCE Bag Opener	\$0.00		\$2,000.00
New Holland F26B Silo Blower	\$0.00		\$3,325.00
Sasfier Piping to Dryer	\$0.00	Tax records	\$15,080.00
Electrical Room to Dryer	\$0.00	Tax records	\$3,760.00
Custom Kiln Saw Dust Gasifier 10,000 BTU	\$0.00	Tax records	\$43,000.00

Debtor	<u>Grisham Farm Products, Inc.</u>	Case number (If known)	<u>16-61149</u>
	Name		
<u>(2) Plastic Balers</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$10,000.00</u>
<u>(2) Bale Master Horizontal Cardboard Balers</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$10,000.00</u>
<u>Vertical Cardboard Baler</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$5,000.00</u>
<u>Belt Conveyor System</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>160 Ft. Drag Chain Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>36 ft. Drag Chain Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$2,000.00</u>
<u>40 ft. Vibrating Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$2,000.00</u>
<u>Conveyors with Weight Magnetic Belt</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$8,000.00</u>
<u>(2) Inside Load Out Systems</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$20,000.00</u>
<u>(2) Outside Load out Systems</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$8,000.00</u>
<u>150 Ft. Raw Product Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>120 ft. Rw Product Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>40 ft. Raw Product Conveyor</u>	<u>\$0.00</u>		<u>\$2,000.00</u>
<u>260 Ft. Finish Feed Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>60 Ft. Finish Feed Conveyor</u>	<u>\$0.00</u>		<u>\$2,000.00</u>
<u>60 Ft. Finish Feed Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$2,000.00</u>
<u>24 Ft. Finish Feed Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$2,000.00</u>
<u>100 Ft. Finish Feed Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>70 Ft. Elevator Leg</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$4,000.00</u>
<u>200 Ton Elevator Leg</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$8,000.00</u>
<u>12" 30' Screw Conveyor</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$2,000.00</u>

Debtor	Grisham Farm Products, Inc.	Case number (If known) 16-61149		
	Name			
12" 35' Screw Conveyor		\$0.00	Tax records	\$2,000.00
48' Screw Conveyor		\$0.00	Tax records	\$2,000.00
24' Screw Conveyor		\$0.00	Tax records	\$2,000.00
20' Screw Conveyor		\$0.00	Tax records	\$2,000.00
Grove Crane - Small		\$0.00	Tax records	\$15,000.00
(2) Grove Cranes - Large		\$0.00	Tax records	\$40,000.00
New Holland Extend-A-Boom		\$0.00	Tax records	\$5,000.00
Genie Extend-A-Boom		\$0.00	Tax records	\$15,000.00
Lull Extend-A-Boom		\$0.00	Tax records	\$6,500.00
Automatic/Switched Capacitor VM500-480		\$0.00	Tax records	\$4,735.00
16 X 20 Electrical Building		\$0.00	Tax records	\$4,945.00
(4) Trailer Compactor Units		\$0.00	Tax records	\$20,000.00
Taylor Fork Lift 3600lbs.		\$0.00	Tax records	\$10,000.00
(10) Compactor Cans		\$0.00	Tax records	\$25,000.00
(3) 40 yd. Open Top		\$0.00	Tax records	\$7,500.00
(2) 30 Yd Open Top		\$0.00	Tax records	\$5,000.00
(2) 20 Yd Open Top		\$0.00	Tax records	\$5,000.00
(5) Tote Dumpers & Powerunits		\$0.00	Tax records	\$1,000.00
(2) Power Units for Compactors		\$0.00	Tax records	\$2,000.00
(3) Tote Dumper Units for Forklifts		\$0.00	Tax records	\$7,500.00
(2) 30000 Bushel Grain Bins		\$0.00	Tax records	\$20,000.00

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<u>(1) 70Ft. Elevator Leg & Unloading System</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$1,500.00</u>
<u>(1) Champion Hammr Mill & Augers</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$500.00</u>
<u>Various new spare parts for Mill</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$5,000.00</u>
<u>Various used spare parts for Mill</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$5,000.00</u>
<u>30 ft Shaker Screen</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$300.00</u>
<u>Depackaging Equipment</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$5,000.00</u>
<u>(2) Scott Equipment Depackers</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$300,000.00</u>
<u>(1) Product Saver</u>	<u>\$0.00</u>	<u>Tax records</u>	<u>\$1,000.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$4,060,730.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **2.23 Acres and**

Warehouse Located in Norwood, Missouri

Fee simple

\$0.00

\$300,000.00

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55.2. 3 plus acres and warehouse located at 1301 Industrial Bark Boulevard, Mountain Grove, Missouri 65711 Fee simple \$0.00 \$500,000.00

55.3. 886 acres located on Highway 5 South, Mansfield, MO 65704 Fee Simple \$0.00 \$1,500,000.00

55.4. 8 acres and Warehouse located in Hoxie, Arkansas Fee Simple \$0.00 \$800,000.00

55.5. 159 Acres Located on Newkirk Road, Mountain Grove, MO 65711 Fee Simple \$0.00 \$200,000.00

56. **Total of Part 9.** \$3,300,000.00
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <u>Patents, copyrights, trademarks, and trade secrets "Grisham's Pastry Feed" Trademark</u>	<u>Unknown</u>		<u>\$0.00</u>
61. <u>Internet domain names and websites</u>			
62. <u>Licenses, franchises, and royalties 1 Missouri Feed License</u>	<u>Unknown</u>		<u>\$0.00</u>
<u>1 Arkansas Feed License</u>	<u>Unknown</u>		<u>\$0.00</u>
<u>1 Oklahoma Feed License</u>	<u>\$0.00</u>		<u>\$0.00</u>

Debtor Grisham Farm Products, Inc. Case number (If known) 16-61149
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Wright County Missouri Business License Unknown \$0.00

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

Thomason Brothers, Inc.

220,220.00

Total face amount

-

0.00

doubtful or uncollectible amount

=

\$220,220.00

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Federal and State for Tax Year 2015

Tax year

Unknown

73. **Interests in insurance policies or annuities**

Rick Grisham Life Insurance

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor Grisham Farm Products, Inc.
Name

Case number (If known) 16-61149

Regions Insurance

Unknown

Nature of claim Overpaid premiums to
Insurance Company

Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$220,220.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Grisham Farm Products, Inc.**
Name

Case number (If known) **16-61149**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,192.91	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$761,600.75	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$11,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$4,060,730.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$3,300,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$220,220.00	
91. Total. Add lines 80 through 90 for each column	\$5,054,743.66	+ 91b. \$3,300,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$8,354,743.66

	Part 47.1
1	
2	Description and Location of Property
3	2000 Ford 3/4 Ton VIN # 1FTNX21F7YED57027
4	2007 Lincoln Navigator VIN# 5LMFU28597LJ08628
5	2003 Ford VIN # 1FTNX21F03EB15429
6	2004 Rive VIN # 5GGAA15174V000828
7	1993 Trav VIN # 4DYGS2029P1011122
8	2009 F150 Truck
9	1994 Utility Trailer Vin # 1UYVS2481RC086802
10	1994 Utility Trailer Vin # 1UYVS2487RC071740
11	1994 Utility Trailer Vin # 1UYVS2487RC071740
12	1990 Trm End dump Trailer VIN # V40994
13	1994 Utility Trailer VIN # 1UYVS2488RC071715
14	1994 Utility Trailer VIN # 1UYVS2480RC071711
15	1994 Utility Trailer Vin # 1UYVS248XRCO71716
16	1994 Utility Trailer VIN # 1UYVS2480RC071725

	Part 47.1
17	1994 Utility Trailer VIN # 1UYVS248XRC071733
18	1994 Utility Trailer VIN # 1UYVS2485RC071736
19	1999 Vantage Trailer VIN # 4EPAA3927XATA2559
20	1994 Utility Trailer Vin # 1UYVS2487RC071415
21	1994 Utility Trailer Vin # 1UYVS248XRC071618
22	1994 Utility Trailer Vin # 1UYVS2481RC071619
23	1994 Utility Trailer Vin # 1UYVS248XRC071621
24	1994 Utility Trailer Vin # 1UYVS2481RC071636
25	1994 Utility Trailer Vin # 1UYVS2483RC071640
26	1994 Utility Trailer Vin # 1UYVS2485RC071638
27	1994 Utility Trailer Vin # 1UYVS2485RC071705

	Part 47.1
28	1991 Travis End Dump Trailer Vin # 1T91A3529M1247461
29	1991 Travis End Dump Trailer Vin # 1T91B3429M1247443
30	1991 Travis End Dump Trailer Vin # 1T91B34290M1247444
31	1992 Travis End Dump Trailer Vin # 1T91B34290M1247444
32	1997 Vantage Trailer Vin # 4EPAA3926VAVA1387
33	2010 Ford Vin # 1FTFW1EV1AFD16203
34	1990 Wilkens Trailer Vin # 1W92M4521LB077289
35	1994 Tran Trailer Vin # 1TTF48205R1041973
36	1987 Wabash Trailer Vin # 1JJV482T8HL106570
37	1989 Bobko Trailer Vin # 1B9F14020KA128856
38	1994 Benlee Trailer Vin # 1B9B14329RA180961

	Part 47.1
39	1992 Brentag Trailer Vin # 10BCU6211NF0A3127
40	1979 Brentage Trailer Vin # SS4522
41	1996 Brthr Trailer Vin # 1B9TT4824TM187412
42	1993 Broo Trailer Vin # 1T9BSAK25PB021006
43	1995 Dorsey Trailer Vin # 1DTV11Z21SA225013
44	1972 Fruehauf Vin # FWN816201
45	1974 Freuhauf Trailer Vin # FWS629901
46	1979 Freuhauf Trailer Vin # FWV455601
47	1979 Freuhauf Trailer Vin # FWZ328602
48	1987 Freuhauf Vin # 1H2V04820HE001030
49	1984 Freuhauf Vin # 1H2V04820EA004805
50	1986 Stoughton Trailer Vin # 1DW1A4825GS507774

	Part 47.1
51	1987 Freuhauf Vin #1H2V04828HE023101
52	1989 Stoughton Trailer Vin # 1DW1A4825KS616955
53	1994 Stoughton Trailer Vin # 1DW1A4822RS901008
54	1986 Theurus Trailer Vin # ITA114827G3404675
55	1987 Theurus Trailer Vin # 1TA114823H2209633
56	1993 Tibr Trailer Vin # 19TBSAK23PB021988
57	1994 Trail Trailer Vin # 19TBSAK23PB021988
58	1997 Benlee Trailer Vin # 19TBSAK23PB021988
59	1988 Dorsey Vin # 1DTV41Z20JA184119
60	1998 Dorsey Vin # 1DTV14Z24WA266727

	Part 47.1
61	1997 Dorsey Vin # 1DTV14Z25VA256061
62	1997 Dorsey Vin # 1DTV14Z27VA256028
63	1997 Dorsey Vin # 1DTV14Z27VA256031
64	1997 Dorsey Trailer Vin # 1DTV14Z29VA256032
65	1997 Dorsey Trailer Vin # 1DTV14Z20VA256033
66	1997 Dorsey Trailer Vin # 1DTV14Z2XVA256069
67	1997 Dorsey Trailer Vin # 1DTV14Z22VA256034
68	1997 Dorsey Trailer Vin # 1DTV14Z26VA256053
69	1997 Dorsey Trailer Vin # 1DTV14Z28VA256054
70	1997 Dorsey Trailer Vin # 1DTV14Z24VA256052
71	1997 Dorsey Trailer Vin # 1DTV14Z20VA256047

	Part 47.1
72	1997 Dorsey Trailer Vin # 1DTV14Z22VA256048
73	1997 Dorsey Trailer Vin # 1DTV14Z22VA256051
74	1997 Dorsey Trailer Vin # 1DTV14Z24VA256049
75	1997 Dorsey Trailer Vin # 1DTV14Z20VA256050
76	1997 Dorsey Trailer Vin # 1DTV14Z28VA256037
77	1997 Dorsey Trailer Vin # 1DTV14Z26VA256036
78	1997 Dorsey Trailer Vin # 1DTV14Z2XVA256041
79	1997 Dorsey Trailer Vin # 1DTV14Z2XVA256038
80	1998 Dorsey Trailer Vin # 1DTV14Z21WA266720
81	1998 Dorsey Trailer Vin # 1DTV14Z25WA266719

	Part 47.1
82	1998 Dorsey Trailer Vin # 1DTV14Z2XWA266716
83	1997 Dorsey Trailer Vin # 1DTV14Z24VA256021
84	1997 Dorsey Trailer Vin # 1DTV14Z23VA256057
85	1997 Dorsey Trailer Vin # 1DTV14Z25VA256058
86	1997 Dorsey Trailer Vin # 1DTV14Z28VA256023
87	1997 Dorsey Trailer Vin # 1DTV14Z27VA256062
88	1997 Dorsey Trailer Vin # 1DTV14Z27VA256059
89	1997 Dorsey Trailer Vin # 1DTV14Z24VA256066
90	1997 Dorsey Trailer Vin # 1DTV14Z20VA256064
91	1997 Dorsey Trailer Vin # 1DTV14Z23VA256026
92	1997 Dorsey Trailer Vin # 1DTV14Z24VA256035

	Part 47.1
93	1997 Dorsey Trailer Vin # 1DTV14Z2XVA256024
94	1997 Dorsey Trailer Vin # 1DTV14Z25VA256027
95	1997 Dorsey Trailer Vin # 1DTV14Z21VA256056
96	1997 Dorsey Trailer Vin # 1DTV14Z2XVA256055
97	1997 Dorsey Trailer Vin # 1DTV14Z27VA256045
98	1997 Dorsey Trailer Vin # 1DTV14Z25VA256044
99	1997 Dorsey Trailer Vin # 1DTV14Z28VA256040
100	1997 Dorsey Trailer Vin # 1DTV14Z21VA256039
101	1986 Fruehauf Trailer Vin # 1H5V04829HM001343
102	1992 Fruehauf Trailer Vin # 1H4B04324NL026506

	Part 47.1
103	1983 Fruehauf Vin # 1H2V04820DE023247
104	1983 Fruehauf Vin # 2V04823DC015512
105	1984 Fruehauf Trailer Vin # 1H2V04826EA004842
106	1984 Fruehauf Trailer Vin # 1H2V04827EA004834
107	1978 Fruehauf Trailer Vin # UNZ592020
108	1984 Fruehauf Trailer Vin # 1TTF48205R1041973
109	1984 Fruehauf Trailer Vin # 1H2V04528EH032265
110	1984 Fruehauf Trailer Vin # 1H2V04820EA004805
111	1994 Great Dane Trailer Vin # 1GRAA9622RV131713
112	1992 Great Dane Trailer Vin # 1GRAA0628NB030035

	Part 47.1
113	1994 Great Dane Trlr Vin # 1GRAA9620RB063606
114	1993 Great Dane Trailer Vin # 1GRAA9625PB165707
115	1975 Kari Trailer Vin # 5953
116	1970 Kairkoo Trailer Vin # 3375MODKK
117	1989 Luftkin Trailer Vin # 1L01B4827K1083582
118	1986 Peabody Trailer Vin # 1P9133475G7005306
119	2000 Peerless Vin # 1PLE04526YPG29565
120	2004 Peterbilt Semi Vin # 1XP5DB9XX4D828477
121	1986 Rave Trailer Vin # 1R1F045Z16E860156
122	1980 Steco Trailer Vin # 2255801026
123	1988 Stoughton Trailer Vin # 1DW1A4828JS568625

	Part 47.1
124	1980 Fruehauf Trailer Vin # UNT009434
125	1987 Stoughton Trailer Vin # 1DW1A4820VH5538299
126	1994 Utility Trailer Vin # 1UYVS2480RC071532
127	1994 Merrit Trailer Vin # 1MT2P4323RH007846
128	2005 Wilson Trailer Vin # 1Q1MCF1A05B240900
129	2005 Wilson Trailer Vin # 1W1MCF1A85B240899
130	2005 Wilson Trailer Vin # 1W1MCF1A65B240898
131	2002 Wilson Trailer Vin # 1W1MCF3A72A234624
132	1997 Tempte Trailer Vin # 1TDH4222VB092869
133	1998 Wilson Trailer Vin # 1W1MCF1A3WB227558
134	1995 Wilson Trailer Vin # 1W1MCF1A4SA221302

	Part 47.1
135	1995 Merrit Trailer Vin # IMT2P4328SH009341
136	1994 Utility Trailer Vin # 1UYVS2485RC071610
137	1994 Utility Trailer Vin # 1UYVS2489RC071609
138	1992 Wilson Trailer Vin # 1W1MAF1DONA216523
139	1993 Tempte Trailer Vin # 1TDH45028PB083925
140	1982 Tempte Trailer Vin # 1TDH40021CB053004
141	1990 Wilson Trailer Vin # 1W1MCF1D2LA214425
142	1987 Tempte Trailer Vin # 1TDH42828HB064702
143	1993 Utility Trailer Vin # 1UYVS2487RC071527
144	1999 Vantage Trailer Vin# 4EPAA3928XATA2425
145	1989 Barb Trailer Vin # 1B9YFD1BXKB101576

	Part 47.1
146	1996 Brth Trialer Vin # 1B9TT4826TM187413
147	1999 Peterbilt Semi Vin # 1XPCDR9X7XD487253
148	1990 Peterbilt Vin # 1XPAL20X7LN296032
149	1971 Kaikoo Vin # KK3301
150	2008 Ford Vin # 1FTSX21R58EC27342

Fill in this information to identify the case:

Debtor name **Grisham Farm Products, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **16-61149**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	CNH Capital America LLC <small>Creditor's Name</small> PO Box 3600 Lancaster, PA 17604 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,545.63 Unknown

2.2	FCS Financial <small>Creditor's Name</small> Attn: Terri 1925 N. Osage Blvd. Nevada, MO 64772 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$150,000.00 Unknown
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Debtor **Grisham Farm Products, Inc.** Case number (if know) **16-61149**

Name

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.3	Home Pride Bank	Describe debtor's property that is subject to a lien	Unknown	Unknown
	Creditor's Name			
	110 E. Commercial Mansfield, MO 65704			
	Creditor's mailing address	Describe the lien		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Date debt was incurred			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.4	John Deere Financial	Describe debtor's property that is subject to a lien	\$37,315.70	Unknown
	Creditor's Name			
	PO Box 4450 Carol Stream, IL 60197-4450			
	Creditor's mailing address	Describe the lien		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Date debt was incurred			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.5	The Bank of Missouri	Describe debtor's property that is subject to a lien	\$104,539.89	Unknown
	Creditor's Name			
	Attention: Tammy Panter 800 Hwy 248 Suite C Branson, MO 65616			
	Creditor's mailing address	Describe the lien		
		Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		

Debtor **Grisham Farm Products, Inc.**

Case number (if know)

16-61149

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$310,401.22

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Grisham Farm Products, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **16-61149**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 2-G Holding, LLC 7364 Newkirk Rd Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$122,100.00
3.2	Nonpriority creditor's name and mailing address A Zerenga Sons 200 NW Victoria Drive Lees Summit, MO 64086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$120,548.58
3.3	Nonpriority creditor's name and mailing address AA Wheel 1419 North Blecrest Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.4	Nonpriority creditor's name and mailing address Ace Hardware 2302 23rd Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00

Debtor **Grisham Farm Products, Inc.**
Name

Case number (if known) **16-61149**

3.5	Nonpriority creditor's name and mailing address ADM Alliance Nutrition, Inc. P.O. Box 66724 Saint Louis, MO 63166-6724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address ADM Milling Co. PO Box 95202 Grapevine, TX 76099-9752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,291.40
3.7	Nonpriority creditor's name and mailing address AFB International PO Box 101833 Atlanta, GA 30392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,093.18
3.8	Nonpriority creditor's name and mailing address Agri Enterprise PO Box 358 12000 S. Hwy 63 Licking, MO 65542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address Air Moving Equipment, Inc. 1647 E. St. Louis Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,553.00
3.10	Nonpriority creditor's name and mailing address Airgas USA, LLC PO Box 532609 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,221.13
3.11	Nonpriority creditor's name and mailing address American Family Insurance Madison, WI 53777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,701.15

Debtor	Grisham Farm Products, Inc. <small>Name</small>	Case number (if known)	16-61149
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3.12	Nonpriority creditor's name and mailing address American General Life Companies P.O. Box 4077 Houston, TX 77210-4077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address American Heritage Life Insurance Company P.O. Box 650514 Dallas, TX 75265-0514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.00
3.14	Nonpriority creditor's name and mailing address Anthem BCBS Mo Group PO Box 105183 Atlanta, GA 30348-5183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,602.80
3.15	Nonpriority creditor's name and mailing address Apex PO Box 565 Hamburg, NY 14075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,572.49
3.16	Nonpriority creditor's name and mailing address Arkansas State Plant Board Division of Feed & Fertilizer PO Box 1069 Little Rock, AR 72203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,213.98
3.17	Nonpriority creditor's name and mailing address AT&T PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.07
3.18	Nonpriority creditor's name and mailing address Automart Radiator 525 N. Weaver Ave Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,290.00

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3.19	Nonpriority creditor's name and mailing address Aventine Renewable Energy Inc 75 Remittance Drive, Dept. 1366 Chicago, IL 60675-1366 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Azteca Milling LP 5601 Executive Dr Suite #600 Irving, TX 75038-2508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,809.94
3.21	Nonpriority creditor's name and mailing address Baier Service Company 14209 Norby Road Grandview, MO 64030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,987.12
3.22	Nonpriority creditor's name and mailing address Bama Companies Inc Dept #1124 Tulsa, OK 74182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$712.00
3.23	Nonpriority creditor's name and mailing address Bancorp South Insurance Services 1650 E. Battlefield Suite 200 Springfield, MO 65804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address Barilla America Inc PO Box 7247-7338 Philadelphia, PA 19170-7338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974,343.97
3.25	Nonpriority creditor's name and mailing address BBB of Southwest Missouri 2754 S. Campbell Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.26	Nonpriority creditor's name and mailing address Bearing Headquarters Company PO Box 6267 Broadview, IL 60155-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,128.20
3.27	Nonpriority creditor's name and mailing address BKD, LLP 910 E. St. Louis Street Suite 200 PO Box 1190 Springfield, MO 65801-1190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.33
3.28	Nonpriority creditor's name and mailing address Blu Current FBO Tony L. Long AC 808550 Attn IRA Dept 1770 W Sunset Springfield, MO 65807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address Blue Line Rental 2231 Papin St. Saint Louis, MO 63103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,182.64
3.30	Nonpriority creditor's name and mailing address Blue Tarp Financial, Inc. PO Box 105525 Atlanta, GA 30348-5525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address BMC Bolke Miller Company 1585 Lakeside Drive Waukegan, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,302.35
3.32	Nonpriority creditor's name and mailing address BP Business Solutions PO Box 70995 Charlotte, NC 28272-0995 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,404.03

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3.33	Nonpriority creditor's name and mailing address Campcorp 9732 Pflumm Rd Lenexa, KS 66215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,201.47
3.34	Nonpriority creditor's name and mailing address Caremoli USA 23959 580th Ave Ames, IA 50010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,182.63
3.35	Nonpriority creditor's name and mailing address Carriage House Cos Attn Renee Hastings 118 Iowa Ave Streator, IL 61364 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,696.73
3.36	Nonpriority creditor's name and mailing address Cawvey's Electric Motor Service, Inc. 115 East 2nd Street West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,331.06
3.37	Nonpriority creditor's name and mailing address Century Link PO Box 4300 Carol Stream, IL 60197-4300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.12
3.38	Nonpriority creditor's name and mailing address Cereal Byproducts Company 23901 Network Place Chicago, IL 60673-1239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,976.72
3.39	Nonpriority creditor's name and mailing address Cereal Ingredients, Inc. 4720 South 13th Street Leavenworth, KS 66048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,455.83

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3.40	Nonpriority creditor's name and mailing address Charm, LLC PO Box 99435 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,477.69
3.41	Nonpriority creditor's name and mailing address Chase Card Services Cardmember Service PO Box 94014 Palatine, IL 60094-4014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,234.35
3.42	Nonpriority creditor's name and mailing address Cintas #569 PO Box 88005 Chicago, IL 60680-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,443.20
3.43	Nonpriority creditor's name and mailing address Cintas Corporation P.O. Box 631025 Cincinnati, OH 45263-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address Cintas Fas Lockbox 636525 PO Box 636525 Cincinnati, OH 45263-6525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,861.09
3.45	Nonpriority creditor's name and mailing address City of Hoxie 400 Southwest Hartigan Hoxie, AR 72433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.28
3.46	Nonpriority creditor's name and mailing address City of Mountain Grove PO Box 351 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.12

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3.47	Nonpriority creditor's name and mailing address City of Norwood PO Box 37 Norwood, MO 65717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.48	Nonpriority creditor's name and mailing address ColorXpress LLC 200 S. Main Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.49	Nonpriority creditor's name and mailing address Complete Recycling 2307 Fenton Parkway #107-191 San Diego, CA 92108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,279.84
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3.50	Nonpriority creditor's name and mailing address Con Ag Marshall Attention Stacy Verts 200 N. Banquet Dr. Marshall, MO 65340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,009.00
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3.51	Nonpriority creditor's name and mailing address Con Agra Attn Jennifer Craft 1810 S. St. Louis Batesville, AR 72501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,526.50
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3.52	Nonpriority creditor's name and mailing address Con Agra Russellville Attn Debbie Stanley 12132 Collections Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,353.21
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3.53	Nonpriority creditor's name and mailing address Con Agra-Macon Attn: Michelle Cook 204 Vine Street Macon, MO 63552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,353.21
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3.54	Nonpriority creditor's name and mailing address ConAgra Foods Attn. Michelle Cook 204 Vine Street Macon, MO 63552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,353.21
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3.55	Nonpriority creditor's name and mailing address ConAgra Foods Inc. Finance Manager 801 Dye Mill Road Troy, OH 45373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,097.40
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3.56	Nonpriority creditor's name and mailing address ConAgra Foods Inc. Attn: Kathleen Junk 4300 W. 62nd Street Indianapolis, IN 46268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,526.50
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3.57	Nonpriority creditor's name and mailing address ConAgra Foods Packaged Foods Co 12132 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.58	Nonpriority creditor's name and mailing address Converta Kiln, Inc. PO Box 341362 Memphis, TN 38184-1362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.59	Nonpriority creditor's name and mailing address Corn Products International 12985 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,663.61
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3.60	Nonpriority creditor's name and mailing address Country Home Elevators & Stair Lift 1549 E. 559th Rd Brighton, MO 65617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.61	Nonpriority creditor's name and mailing address Cox Ag Services Inc. PO Box 569 600 Poplar Mc Crory, AR 72101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,392.21
3.62	Nonpriority creditor's name and mailing address Cox Implement Co. Inc. PO Box 569 600 Poplar Mc Crory, AR 72101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address Cox Implement Co., Inc. Highway 63B PO Box 96 Hoxie, AR 72433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address Cox Occupational Medicine 1423 N. Jefferson Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address CoxHealth Occupational Medicine 3800 S. National Suite 540 Springfield, MO 65807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.66	Nonpriority creditor's name and mailing address Coyle Supply 3721 Hwy 162 Granite City, IL 62040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.36
3.67	Nonpriority creditor's name and mailing address CR Feeds & Fibers 2615 11th Street SW Cedar Rapids, IA 52402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,054.80

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3.68	Nonpriority creditor's name and mailing address Crown Forklifts 2315 E. Chestnut Expressway Springfield, MO 65804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.20
3.69	Nonpriority creditor's name and mailing address Crown Industrial LLC PO Box 471 Willow Grove, PA 19090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.20
3.70	Nonpriority creditor's name and mailing address Cullum & Brown of KC PO Box 12438 Kansas City, MO 64116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.00
3.71	Nonpriority creditor's name and mailing address Cummins Central Power 3637 E. Kearney Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.72	Nonpriority creditor's name and mailing address Custom Laboratory, Inc. PO Box 391 204 C. Street Golden City, MO 64748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
3.73	Nonpriority creditor's name and mailing address CyberAg Feed Co., Inc. PO Box 12707 Kansas City, MO 64116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,803.80
3.74	Nonpriority creditor's name and mailing address D&D Stainless & Alloys 1002 Ravens Nest Nixa, MO 65714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.79

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3.75	Nonpriority creditor's name and mailing address D.O.C. Lubrication Specialists PO Box 641 Springfield, MO 65801 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,756.55
3.76	Nonpriority creditor's name and mailing address David Splain 1945 S. Hwy 95 Mountain Grove, MO 65711 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address David's Seed Company Attn. Finance Manager 8064 Chivvis Drive Saint Louis, MO 63123 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,663.53
3.78	Nonpriority creditor's name and mailing address Decker Auto Electric 105 West 16th Street Mountain Grove, MO 65711 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address Deep South Deep South-Direct Bill PO Box 28040 New York, NY 10087-8040 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address Department of Revenue PO Box 329 Jefferson City, MO 65107-0329 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.81	Nonpriority creditor's name and mailing address Dept of Finance & Administration PO Box 9941 Little Rock, AR 72203-9941 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$477.11

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3.82	Nonpriority creditor's name and mailing address Dept of Revenue PO Box 23181 Jackson, MS 39225-3191 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.83	Nonpriority creditor's name and mailing address Dept of Workforce Services PO Box 8007 Little Rock, AR 72203-8007 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address Deskin Scale Company, Inc. PO Box 3272 Springfield, MO 65808-3272 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.85	Nonpriority creditor's name and mailing address Detco PO Box 430 Conway, AR 72033 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,275.09
3.86	Nonpriority creditor's name and mailing address Division of Employment Security PO Box 88 Jefferson City, MO 65102-0888 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,000.00
3.87	Nonpriority creditor's name and mailing address Donna & Rhonda, Partnership Attn: Jerry Williams 110 E. Commercial Street Mansfield, MO 65704 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800,000.00
3.88	Nonpriority creditor's name and mailing address Douglas Steel 11267 Dunn Drive Mountain Grove, MO 65711 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.89	Nonpriority creditor's name and mailing address Dun & Bradstreet Credibility Corp. PO Box 742138 Los Angeles, CA 90074-2138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,499.00
3.90	Nonpriority creditor's name and mailing address Dunnage Wash Systems, Inc. 34501 Bennett Drive Fraser, MI 48026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.91	Nonpriority creditor's name and mailing address Eddie Meillier 7047 Stamm Hollow Road Evansville, IL 62242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.92	Nonpriority creditor's name and mailing address EMA, Inc. 10627 Midwest Industrial Blvd. Saint Louis, MO 63132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,480.00
3.93	Nonpriority creditor's name and mailing address Entergy PO Box 8101 Baton Rouge, LA 70891-8101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.10
3.94	Nonpriority creditor's name and mailing address Fabick Southwest Co. 2222 E. Kearney Street, Springfield, MO 65803-4944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.92
3.95	Nonpriority creditor's name and mailing address Fabick Southwest Co. 1321 County Rd. 5290 Willow Springs, MO 65793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.92

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3.96	Nonpriority creditor's name and mailing address Fairview Mills, LP PO Box 170 Seneca, KS 66538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.97	Nonpriority creditor's name and mailing address Falcon Steel 2610 N. Eastgate Ave. Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address Family Pharmacy 1600 North Main Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.99	Nonpriority creditor's name and mailing address Family Walk-In Clinic of Mtn Grove Inc. 205 W. 3rd Street Suite 3 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$760.00
3.100	Nonpriority creditor's name and mailing address Farm Credit Leasing NW-9675 PO Box 1450 Minneapolis, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address Farmers Ag Center Mechanics & Machine Sh 10094 E. Bus. 60 PO Box 667 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.00
3.102	Nonpriority creditor's name and mailing address Fastenal 1651 Porter Wagoner Blvd West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.103	Nonpriority creditor's name and mailing address FEDEX PO Box 94515 Palatine, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,900.00
3.104	Nonpriority creditor's name and mailing address Feedstuffs 1762 Momentum Place Chicago, IL 60689-5317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address Felker & Son P.O. Box 70 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.106	Nonpriority creditor's name and mailing address Fidelity Communications Co PO Box 669 Sullivan, MO 63080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address First Insurance Funding Corp 450 Skokie Blvd Suite 1000 Northbrook, IL 60062-7917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,143.19
3.108	Nonpriority creditor's name and mailing address FleetPride PO Box 847118 Dallas, TX 75284-7118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$710.84
3.109	Nonpriority creditor's name and mailing address Food Link, Incorporated 14809 Granada Rd Overland Park, KS 66224-9724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.110	Nonpriority creditor's name and mailing address FSI Farm Service, Inc. PO Box 249 Hoxie, AR 72433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,445.62
3.111	Nonpriority creditor's name and mailing address G&K Sales, Inc. #1 East Allen Wentzville, MO 63385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.112	Nonpriority creditor's name and mailing address G.W. Van Keppel Co. Lock Box 879515 Kansas City, MO 64187-9515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.113	Nonpriority creditor's name and mailing address Gammon Equipment Company, Inc. 2918 E. Blaine Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,568.13
3.114	Nonpriority creditor's name and mailing address GE Capital PO Box 740425 Atlanta, GA 30374-0425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address General Mills Avon Plant 6101 S.E. 52nd Street Carlisle, IA 50047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,116.81
3.116	Nonpriority creditor's name and mailing address General Mills Operations 2917 Guinotte Ave. Kansas City, MO 64120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,412.89

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3.117	Nonpriority creditor's name and mailing address Glen's/Tri-County Gas 125 W. Second Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118	Nonpriority creditor's name and mailing address Grainger Dept 839725728 PO Box 419267 Kansas City, MO 64141-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,526.33
3.119	Nonpriority creditor's name and mailing address Great American Financial Services PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,413.08
3.120	Nonpriority creditor's name and mailing address Great American Insurance Co Specialty Accounting PO Box 89400 Cleveland, OH 44101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,683.32
3.121	Nonpriority creditor's name and mailing address Grennan Communications Co. 3429 North U.S. Hwy 63 West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,207.34
3.122	Nonpriority creditor's name and mailing address Griffith Laboratories Attn: Karl Dillman One Griffith Center Alsip, IL 60803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,544.63
3.123	Nonpriority creditor's name and mailing address Grinnell Water Systems, Inc. 2413 E. Chestnut Expressway Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.22

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3.124	Nonpriority creditor's name and mailing address Guardian PO Box 677458 Dallas, TX 75267-7428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.125	Nonpriority creditor's name and mailing address Hammons Products Company PO Box 872891 Kansas City, MO 64187-2891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,323.60
3.126	Nonpriority creditor's name and mailing address Hampshire Pet Product Inc. Box 873492 Kansas City, MO 64187-3492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,918.69
3.127	Nonpriority creditor's name and mailing address Harleysville Insurance Processing Center PO Box 37712 Philadelphia, PA 19101-5012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.61
3.128	Nonpriority creditor's name and mailing address Harry Cooper Supply 605 N. Sherman Parkway Springfield, MO 65802-3656 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address Hazemag USA, Inc. PO Box 1064 Uniontown, PA 15401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,279.21
3.130	Nonpriority creditor's name and mailing address Horizon Packaging, Inc. 6248 Ringgold Road Chattanooga, TN 37412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,548.00

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3.131	Nonpriority creditor's name and mailing address Hostetler Sales & Construction LLC 210 Kelly Road Buffalo, MO 65622 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.132	Nonpriority creditor's name and mailing address Hoxie Auto Parts 406 S.E. Lindsey PO Box 250 Hoxie, AR 72433 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Hoxie Lumber Co. PO Box 362 Walnut Ridge, AR 72476 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134	Nonpriority creditor's name and mailing address Hoxie Water Works PO Box 28 Hoxie, AR 72433 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address Hurch Blackwell PO Box 790379 Saint Louis, MO 63179 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,457.00
3.136	Nonpriority creditor's name and mailing address Hy-Flo Equipment 210 N. Locust PO Box 22 Pittsburg, KS 66762 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,644.24
3.137	Nonpriority creditor's name and mailing address HYG Financial Services PO Box 643749 Pittsburgh, PA 15264-3749 Date(s) debt was incurred: <u> </u> Last 4 digits of account number: <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.138	Nonpriority creditor's name and mailing address Industrial Repair Service 2650 Business Drive Cumming, GA 30028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,714.38
3.139	Nonpriority creditor's name and mailing address Infinisource, Inc. Attn Finance Dept PO Box 889 Coldwater, MI 49036-0889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,146.60
3.140	Nonpriority creditor's name and mailing address Ingredion Attn Kathy Boecker 6400 S. Archer Ave Summit Argo, IL 60501-1933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,455.52
3.141	Nonpriority creditor's name and mailing address Ingredion 12981 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,599.50
3.142	Nonpriority creditor's name and mailing address Ingredion Inc. Attn Steven Staub Plant Controller 1515 Drover St Indianapolis, IN 46221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,760.76
3.143	Nonpriority creditor's name and mailing address Ingredion Incorporated 5 Westbrook Corporate Center Westchester, IL 60154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144	Nonpriority creditor's name and mailing address Ingredion, Inc 7680 Southrail Road North Charleston, SC 29420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,581.04

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3.145	Nonpriority creditor's name and mailing address Internal Revenue Service Cincinnati, OH 45999-0030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100,000.00
3.146	Nonpriority creditor's name and mailing address International Ingredient Corp. #7740035 4035 Solutions Center Chicago, IL 60677-4000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address International Ingredient Corporation Attn Kathy Langan 150 larkin Williams Industrial Court Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,592.33
3.148	Nonpriority creditor's name and mailing address IPFS Corporation PO Box 730223 Dallas, TX 75373-0223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.149	Nonpriority creditor's name and mailing address J & I Automotive 1624 State Hwy A PO Box 27 Marshfield, MO 65706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address J & P Flash, Inc. PO Box 2168 West Memphis, AR 72303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151	Nonpriority creditor's name and mailing address J.D. Dickinson Compressor Co. 2557 W. Olive Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.152	Nonpriority creditor's name and mailing address Jelly Belly Candy Company File No. 21471 PO Box 60000 San Francisco, CA 94160-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,812.85
3.153	Nonpriority creditor's name and mailing address John Fabick Tractor Co PO Box 952121 Saint Louis, MO 63195-2121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.154	Nonpriority creditor's name and mailing address Kansas Payment Center PO Box 758599 Topeka, KS 66675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.155	Nonpriority creditor's name and mailing address Keystone Foods Attn John Fulford 57 Melvin Clark Rd Eufaula, AL 36027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,013.76
3.156	Nonpriority creditor's name and mailing address Kraft Foods Global Inc. 22600 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.157	Nonpriority creditor's name and mailing address L E Cox Medical Centers 1423 N Jefferson Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.99
3.158	Nonpriority creditor's name and mailing address Laclede Electric Cooperative PO Box M Lebanon, MO 65536-1194 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.159	Nonpriority creditor's name and mailing address Larson Farm & Lawn PO Box 590 Rogersville, MO 65742 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.160	Nonpriority creditor's name and mailing address Lathrop & Gage LLP 2345 Grand Boulevard Kansas City, MO 64108-2618 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,856.99
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3.161	Nonpriority creditor's name and mailing address Lawson Products PO Box 809401 Chicago, IL 60680 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162	Nonpriority creditor's name and mailing address Lee's Lumber PO Box 91 Seymour, MO 65746 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,550.00
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3.163	Nonpriority creditor's name and mailing address Lewis-Goetz and Company PO Box 644819 Pittsburgh, PA 15264 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,652.17
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3.164	Nonpriority creditor's name and mailing address Liberty Technical Solutions LLC 4852 Prairie Brnach Road Mansfield, MO 65704 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,290.00
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3.165	Nonpriority creditor's name and mailing address LifeLine Foods, LLC 2811 S. 11th St. Saint Joseph, MO 64503-3461 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,100.26
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3.166	Nonpriority creditor's name and mailing address LRA LLC 7364 Newkirk Rd Mountain Grove, MO 65711 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,866.84
3.167	Nonpriority creditor's name and mailing address MainLine Fire Protection PO Box 3534 Springfield, MO 65808 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address McMaster-Carr PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address Medallion Foods 3636 Medallion Ave Newport, AR 72112 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.170	Nonpriority creditor's name and mailing address Meiller Farms 7047 Stamm Hollow Rd Evansville, IL 62242 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.171	Nonpriority creditor's name and mailing address Mercy Clinic 120 West 16th Street Mountain Grove, MO 65711 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172	Nonpriority creditor's name and mailing address MHC-Kenworth 915 Shelton St. Cabool, MO 65689 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.173	Nonpriority creditor's name and mailing address Michelin North America Inc PO Box 100860 Atlanta, GA 30384-0860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,892.50
3.174	Nonpriority creditor's name and mailing address Mid-South Steel Products, Inc. 2071 Corporate Circle Drive PO Box 277 Cape Girardeau, MO 63702-0277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$863.33
3.175	Nonpriority creditor's name and mailing address Midwest Environmental Consultants 2009 East McCarty Street Jefferson City, MO 65101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,946.71
3.176	Nonpriority creditor's name and mailing address Midwestern Industries Inc. PO Box 810 Massillon, OH 44648-0810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,923.33
3.177	Nonpriority creditor's name and mailing address Mike's Truck & Tire Service LLC Hwy 13 & 54 Junction PO Box 16 Collins, MO 64738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$797.00
3.178	Nonpriority creditor's name and mailing address Miller Electric & Plumbing Supplies 613 West 3rd Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179	Nonpriority creditor's name and mailing address Missouri Department of Natural Resources Administrative Support/Accounting PO Box 477 Jefferson City, MO 65102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.180	Nonpriority creditor's name and mailing address Missouri Department of Public Safety Elevator Safety Unit 205 Jefferson Street, Suite 1315 PO Box 844 Jefferson City, MO 65102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181	Nonpriority creditor's name and mailing address Missouri Department of Revenue PO Box 371 Jefferson City, MO 65101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.182	Nonpriority creditor's name and mailing address Missouri Department of Revenue PO Box 999 Jefferson City, MO 65108-0999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183	Nonpriority creditor's name and mailing address Missouri Department of Transportation Motor Carrier Services PO Box 270 830 MODOT Dr. Jefferson City, MO 65102-0270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,470.93
3.184	Nonpriority creditor's name and mailing address Missouri Dept of Agriculture Feed Licens PO Box 630 Jefferson City, MO 65102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address Missouri Division of Employment Security PO Box 59 Jefferson City, MO 65104-0059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,000.00
3.186	Nonpriority creditor's name and mailing address Missouri Employers Mutual Insurance PO Box 1810 Columbia, MO 65205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,318.70

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3.187	Nonpriority creditor's name and mailing address Missouri Feed Tonnage Report PO Box 630 Jefferson City, MO 65102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.188	Nonpriority creditor's name and mailing address Mo Dept of Natural Resources Air Pollution Control Program 1659 East Elm Jefferson City, MO 65101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address MO-AG 410 Madison Street PO Box 1728 Jefferson City, MO 65102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.190	Nonpriority creditor's name and mailing address Moore Family Eyecare, LLC 1902 West 19th Street Suite A Mountain Grove, MO 65711-1450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.191	Nonpriority creditor's name and mailing address Mountain Country Propane 125 W. 2nd Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.192	Nonpriority creditor's name and mailing address Mountain Grove Building Supply 221 W. North Street PO Box 653 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.193	Nonpriority creditor's name and mailing address Mountain Grove Chamber of Commerce PO Box 434 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00

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3.194	Nonpriority creditor's name and mailing address Mountain Grove News Journal PO Box 530 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.31
3.195	Nonpriority creditor's name and mailing address Mountain Grove Pharmacy 106 N. Union Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address National Fastener PO Box 27391 Omaha, NE 68127-0391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,769.08
3.197	Nonpriority creditor's name and mailing address Nelco PO Box 1157 Grand Rapids, MI 49501-1157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.198	Nonpriority creditor's name and mailing address Nestle's Linda Koutseagianis Financial Acct Op. Su 3401 Mount Propect Road Franklin Park, IL 60131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412,819.69
3.199	Nonpriority creditor's name and mailing address Nestle's Jonesboro Attn Brian Lutz One Nestle Way Jonesboro, AR 72404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.200	Nonpriority creditor's name and mailing address News-Journal PO Box 530 Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.201	Nonpriority creditor's name and mailing address North Service & Supply 6601 Williams Road Norwood, MO 65717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.50
3.202	Nonpriority creditor's name and mailing address Northern Safety & Industrial PO Box 4250 Utica, NY 13504-4250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,907.51
3.203	Nonpriority creditor's name and mailing address Northland Capital Financial Services LLC PO Box 7278 Saint Cloud, MN 56302-7278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.204	Nonpriority creditor's name and mailing address Northtown Ace/MG Feed Store 2302 E. 23rd Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.205	Nonpriority creditor's name and mailing address Norwood AM & PM 714 E. Norwood Street Norwood, MO 65717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.76
3.206	Nonpriority creditor's name and mailing address OReilly Auto Parts 3930 S. Campbell Ave Springfield, MO 65807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.65
3.207	Nonpriority creditor's name and mailing address Orkin Pest Control PO Box 5173 Springfield, MO 65801-5173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.18

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3.208	Nonpriority creditor's name and mailing address Ozark Mountain Steel 715 N. Westgate Ave Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.209	Nonpriority creditor's name and mailing address Ozark Salvage US Hwy 63 N. Koshkonong, MO 65692 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.210	Nonpriority creditor's name and mailing address Ozark Streams Seamless Gutter 1430 Peewee Crossing Road Seymour, MO 65746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.211	Nonpriority creditor's name and mailing address Ozark Utility 3650 East Evergreen Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address Ozarko Tire Centers Inc. PO Box 1087 West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$934.25
3.213	Nonpriority creditor's name and mailing address Ozarks Medical Center PO Box 1100 West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.94
3.214	Nonpriority creditor's name and mailing address Ozarks Pigskin Basketball & Baseballs 9590 E. Clover Lane Rogersville, MO 65742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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3.215	Nonpriority creditor's name and mailing address Pacific Ag Products LLC 400 Capitol Mall Suite 2060 Sacramento, CA 95814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247,947.14
3.216	Nonpriority creditor's name and mailing address Palmaris Imaging of Arizona PL PO Box 298661 Phoenix, AZ 85038-9661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.217	Nonpriority creditor's name and mailing address Paper and Dust Pro 14209 Norby Road Grandview, MO 64030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.218	Nonpriority creditor's name and mailing address PeopleNet PO Box 203673 Dallas, TX 75320-3673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,154.16
3.219	Nonpriority creditor's name and mailing address Peterson Gravel & Ready Mix, Inc. P.O. Box 209 8727 Outer Road Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,364.13
3.220	Nonpriority creditor's name and mailing address Physical Thereapy Specialists 1200 N. Main Street Mountain Grove, MO 65711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.221	Nonpriority creditor's name and mailing address Pinnacle Foods PO Box 1427 Fort Madison, IA 52627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,132.10

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3.222	Nonpriority creditor's name and mailing address Pinnacle Foods 100 W. Calumet Centralia, IL 62801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,041.56
3.223	Nonpriority creditor's name and mailing address Pinnacle Foods Corporation 1100 W. 15th Fayetteville, AR 72701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address Powerplan PO Box 4450 Carol Stream, IL 60197-4450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,821.84
3.225	Nonpriority creditor's name and mailing address Premium Protein Products LLC PO Box 578 Russellville, AR 72811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,320.90
3.226	Nonpriority creditor's name and mailing address Product Plus, Inc. 5225 N. 23rd Ozark, MO 65721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227	Nonpriority creditor's name and mailing address Productivity Plus Account Dep 18--114298600 PO Box 688912 Des Moines, IA 50368-8912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,992.49
3.228	Nonpriority creditor's name and mailing address Protective Life Insurance Company PO Box 2606 Birmingham, AL 35202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,021.00

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3.229	Nonpriority creditor's name and mailing address Purcell Tire 1740 E. Commercial Street Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,992.30
3.230	Nonpriority creditor's name and mailing address Quincy Recycle 526 South 6th Quincy, IL 62301-1000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,716.24
3.231	Nonpriority creditor's name and mailing address R&R Midwest Services LLC PO Box 778 Harrisonville, MO 64701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,407.63
3.232	Nonpriority creditor's name and mailing address Ralcorp Frozen Bakery Products 4501 W. Fullerton Chicago, IL 60639 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,244.83
3.233	Nonpriority creditor's name and mailing address Recycle Solutions 1054 Kansas Street Memphis, TN 38106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,797.03
3.234	Nonpriority creditor's name and mailing address Regions Bank 1900 5th Avenue Birmingham, AL 35203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.235	Nonpriority creditor's name and mailing address Regions Lockbox Processing Dept 1964 PO Box 2153 Birmingham, AL 35287-1964 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.236	Nonpriority creditor's name and mailing address Rhonda Odell Attn: Jerry Williams 110 E. Commercial Street Mansfield, MO 65704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.237	Nonpriority creditor's name and mailing address Riceland Foods Inc PO Box 927 Stuttgart, AR 72160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,662.44
3.238	Nonpriority creditor's name and mailing address Richelieu Foods, Inc. 1325 Chase Avenue Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.239	Nonpriority creditor's name and mailing address RMMC 4035 S. Fremont Springfield, MO 65804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240	Nonpriority creditor's name and mailing address Rockmount Research & Alloys, Inc. d/b/a Rockmount/Nassau PO Box 2807 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.241	Nonpriority creditor's name and mailing address Rogersville Tank Repair 456 Semo Lane Perryville, MO 63775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,277.00
3.242	Nonpriority creditor's name and mailing address Rose Metal Products Inc 1955 E. Division Street Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.243	Nonpriority creditor's name and mailing address Rottler Pest & Lawn Solutions 2690 Masterson Avenue Saint Louis, MO 63114-5120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.00
3.244	Nonpriority creditor's name and mailing address S & H Farm Supply 7 State Rd A Lockwood, MO 65682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.24
3.245	Nonpriority creditor's name and mailing address S M C 3131 E. Division Street Springfield, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.246	Nonpriority creditor's name and mailing address Schmidt, Kirby & Sullivan, P.C. 2838 S. Ingram Mill Road Springfield, MO 65804-4042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.247	Nonpriority creditor's name and mailing address Schulz and Birch Bis. Co. 3759 Collection Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$747,247.24
3.248	Nonpriority creditor's name and mailing address Schwegman Office Supply PO Box 616 West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,326.65
3.249	Nonpriority creditor's name and mailing address Scott Equipment Company 605 4th Ave. NW New Prague, MN 56071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,103.94

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3.250	Nonpriority creditor's name and mailing address Se-Ma-No Electric Cooperative PO Box 318 Mansfield, MO 65704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.251	Nonpriority creditor's name and mailing address Select Milling LLC 15251 585th Street Claremont, MN 55924 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,592.40
3.252	Nonpriority creditor's name and mailing address Semo Milling 261 River Road Scott City, MO 63780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,711.27
3.253	Nonpriority creditor's name and mailing address Sensory Effects Cereal Systems 4343 NW 38th Lincoln, NE 68524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,404.55
3.254	Nonpriority creditor's name and mailing address Shearer's Foods, LLC 39947 Treasury Center Chicago, IL 60694-9900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,151.31
3.255	Nonpriority creditor's name and mailing address Shur-Green Farms, LLC 9159 State Route 118 Ansonia, OH 45303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,100.00
3.256	Nonpriority creditor's name and mailing address Simmons Pet Food Inc. PO Box 71182 Chicago, IL 60694-1182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,040.45

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3.257	Nonpriority creditor's name and mailing address SMC Electric PO Box 628 Springfield, MO 65801-0628 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,655.81
3.258	Nonpriority creditor's name and mailing address SMI Group BancorpSouth Ins. Services PO Box 10547 Springfield, MO 65808-0547 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.259	Nonpriority creditor's name and mailing address Southern Bank 531 Vine Street PO Box 520 Poplar Bluff, MO 63902-0520 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,406.16
3.260	Nonpriority creditor's name and mailing address Southern Bank 4850 South National Suite C-4 Springfield, MO 65810 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000,000.00
3.261	Nonpriority creditor's name and mailing address Southside Fuel Center Plus Inc. 970 West Pershing Road Chicago, IL 60609 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
3.262	Nonpriority creditor's name and mailing address Springfield Freightliner Sales 3020 E. Division Street Springfield, MO 65802 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$818.37
3.263	Nonpriority creditor's name and mailing address Springfield Janitor Supply, Inc. 2255 N. Burton Ave. Springfield, MO 65803 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,955.16

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3.264	Nonpriority creditor's name and mailing address Springfield Neurological PO Box 9434 Springfield, MO 65801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.265	Nonpriority creditor's name and mailing address Springfield Special Products 2045 N. National Avenue Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,297.60
3.266	Nonpriority creditor's name and mailing address Springfield Trailer, Inc. 2929 E. Blaine Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.02
3.267	Nonpriority creditor's name and mailing address Stainless Steel Tanks 831 Hwy NN Saint Mary, MO 63673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address State Income Tax ELF Payment PO Box 8149 Little Rock, AR 72203-8149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.269	Nonpriority creditor's name and mailing address State Motor & Control Solutions PO Box 28589 1977 Congressional Drive Saint Louis, MO 63146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,634.85
3.270	Nonpriority creditor's name and mailing address Stearns Bank PO Box Albany, MN 56307-0750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,473.50

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3.271	Nonpriority creditor's name and mailing address Stephanie Harris Collector PO Box 408 Walnut Ridge, AR 72476 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,218.90
3.272	Nonpriority creditor's name and mailing address Stone River Pharmacy Solutions PO Box 504591 Saint Louis, MO 63150-4591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address Strouse Roll-Offs, Inc. 6767 Travis Road Greenwood, IN 46143-8865 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,368.24
3.274	Nonpriority creditor's name and mailing address Superior Nut & Candy Co., Inc. 1140 Exchange Avenue Chicago, IL 60609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,631.20
3.275	Nonpriority creditor's name and mailing address TCMH Cabool Medical Clinic 500 Main Street Cabool, MO 65689-0380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address Televent DTN LLC 25385 Network Place Chicago, IL 60673-1263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277	Nonpriority creditor's name and mailing address Telvent DTN LLC PO Box 630845 Cincinnati, OH 45263-0845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.278	Nonpriority creditor's name and mailing address Tennessee Department of Agriculture Division of Regulatory Services/Ag Inpu PO Box 40627 Nashville, TN 37204-0627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.279	Nonpriority creditor's name and mailing address Texas Co. Memorial Hospital 1333 S. Sam Houston Blvd Houston, MO 65483-2046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,805.10
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3.280	Nonpriority creditor's name and mailing address The Andersons PO Box 119 Maumee, OH 43537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.281	Nonpriority creditor's name and mailing address Thomas Conveyer Company 3600 McCart Avenue Fort Worth, TX 76110-4613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,732.12
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3.282	Nonpriority creditor's name and mailing address Thomason Brothers PO Box 245 Mansfield, MO 65704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,123.83
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3.283	Nonpriority creditor's name and mailing address Travelers CL Remittance Center PO Box 660317 Dallas, TX 75266-0317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,437.00
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3.284	Nonpriority creditor's name and mailing address TRI Sales Finance PO Box 99435 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,163.50
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3.285	Nonpriority creditor's name and mailing address Tri-County Rental & Repair 800 West Third Mountain Grove, MO 65711 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.286	Nonpriority creditor's name and mailing address Trux Trailer and Tractor Repair Inc. 900 N. West Bypass Springfield, MO 65802 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.52
3.287	Nonpriority creditor's name and mailing address Tyson Foods Inc. Attn Ingredient Claims CP301 PO Box 2020 Springdale, AR 72765-2020 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.288	Nonpriority creditor's name and mailing address Tyson Foods, Inc. PO Box 915143 Dallas, TX 75391-5143 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address Tyson Foods, Inc. PO Box 2020 AR Mail Code AR076128 Springdale, AR 72765-2020 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.290	Nonpriority creditor's name and mailing address U.C.S. Waste Equipment Company P.O. 1737 Dayton, OH 45401 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,088.26
3.291	Nonpriority creditor's name and mailing address U.S. Cellular Dept. 0203 Palatine, IL 60055-0203 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.292	Nonpriority creditor's name and mailing address U.S. Durum Milling Inc. PO Box 203391 Dallas, TX 75320-3391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,877.50
3.293	Nonpriority creditor's name and mailing address U.S. Foods 4343 N.W. 38th St. Lincoln, NE 68524-1907 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,288.48
3.294	Nonpriority creditor's name and mailing address Uncommon Ingredient Options, Inc. 8237 D. Road Waterloo, IL 62298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,684.61
3.295	Nonpriority creditor's name and mailing address Unifirst Corporation Attention Accounts Receiveable 2244 N. Bolivar Road Springfield, MO 65803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,329.20
3.296	Nonpriority creditor's name and mailing address US Premium Finance PO Box 924647 Norcross, GA 30010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.297	Nonpriority creditor's name and mailing address USA Radiology Mgmt Solutions PO Box 790129 Dept 30755 Saint Louis, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
3.298	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Grisham Farm Products, Inc. <small>Name</small>	Case number (if known)	16-61149
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3.299	Nonpriority creditor's name and mailing address W.W. Transport, Inc. PO Box 790126 Saint Louis, MO 63179-0126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,334.00
3.300	Nonpriority creditor's name and mailing address WCA Waste Corporation PO Box 553166 Detroit, MI 48255-3166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,440.85
3.301	Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance NW-8178 PO Box 1450 Minneapolis, MN 55485-8178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.302	Nonpriority creditor's name and mailing address West Plains Occupational & Insurance Phy 1519 Imperial Office Park West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$826.00
3.303	Nonpriority creditor's name and mailing address West Plains Propane 508 Lincoln West Plains, MO 65775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address West Wind & Associates, Inc. Attn Mark Eccleston 9825 E. Hwy 252 Greenwood, AR 72936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,746.00
3.305	Nonpriority creditor's name and mailing address Whitbeck Labs 1000 Backus Ave. Springdale, AR 72764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$572.00

Debtor	Grisham Farm Products, Inc. <small>Name</small>	Case number (if known)	16-61149
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3.306	Nonpriority creditor's name and mailing address Wilbur-Ellis Company (Feed) PO Box 515429 Los Angeles, CA 90051-6729 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,913.02
3.307	Nonpriority creditor's name and mailing address Wildblue Attention Accounting 349 Inverness Drive South Englewood, CO 80112 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308	Nonpriority creditor's name and mailing address Windmill Rice Company, LLC 6875 Hwy 1 South Jonesboro, AR 72404 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,714.80
3.309	Nonpriority creditor's name and mailing address Woody Bogler Trucking Company Inc PO Box 229 Rosebud, MO 63091 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,120.42
3.310	Nonpriority creditor's name and mailing address Yarbrough Cable Services LLC PO Box 70184 Memphis, TN 38107 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.311	Nonpriority creditor's name and mailing address Yarbrough Industries 514 N. Fremont Ave Springfield, MO 65802 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,162.77
3.312	Nonpriority creditor's name and mailing address YRC Freight PO Box 7914 Overland Park, KS 66207-0914 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$964.80

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Grisham Farm Products, Inc.**
Name

Case number (if known) **16-61149**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 8,821,101.25
5c.	\$ 8,821,101.25

Fill in this information to identify the case:

Debtor name **Grisham Farm Products, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **16-61149**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lessee: Grisham Farm Products, Inc. Real Estate Agreement Effective January 2, 2013

State the term remaining

12 months, 15 days

List the contract number of any government contract

**2-G Holdings, LLC
7364 NewKirk Raod
Mountain Grove, MO 65711**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Waste Food Product

State the term remaining

Month to Month basis

List the contract number of any government contract

**AFB International
3 Research Park Drive
Saint Charles, MO 63304**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Waste Food Product

State the term remaining

Month to Month basis

List the contract number of any government contract

**Barilla
3311 E. Lincoln Way
Ames, IA 50010**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Waste Food Product

State the term remaining

3 months with optional rollover

List the contract number of any government contract

**Con-Agra
4300 West 62nd Street
Indianapolis, IN 46268**

Debtor 1 **Grisham Farm Products, Inc.**

Case number (if known) **16-61149**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **25 months**

List the contract number of any government contract

**ERV
2355 Northside Drive
Suite 190
San Diego, CA 92108**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **yearly rollover**

List the contract number of any government contract

**Frenchs
PO Box 401
Broadway, NJ 08808**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Month-to-Month**

List the contract number of any government contract

**General Mills
2917 Guinotte Avenue
Kansas City, MO 64120**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Month-to-Month basis**

List the contract number of any government contract

**General Mills - Avon
6101 S.E. 52nd Street
Carlisle, IA 50047**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **18 months**

List the contract number of any government contract

**Hershey's
1401 W. Main Street
Robinson, IL 62454**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract

**Ingredion
1515 Drover Street
Indianapolis, IN 46221**

Debtor 1 **Grisham Farm Products, Inc.**

Case number (if known) **16-61149**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract

**Lifeline
2811 South 11th Street
Saint Joseph, MO 64503**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract

**Nestles
3401 Mount Prospect
Franklin Park, IL 60131**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Month to Month basis**

List the contract number of any government contract

**Pinnacle Foods Centralia
100 W. Calumet
Centralia, IL 62801**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **16 months**

List the contract number of any government contract

**Proven Partners Group
111 Bowes Road
Elgin, IL 60123**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract

**Schultz & Burch
3759 Collection Center
Chicago, IL 60693**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

**Simmons Pet Food
601 N. Hico Street
Siloam Springs, AR 72761**

Debtor 1 **Grisham Farm Products, Inc.**

Case number (if known) **16-61149**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Yearly Rollover**

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract _____

**Unilever
13000 E. 35th Street
New Century, KS 66031**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly Rollover**

List the contract number of any government contract _____

**US Foods
4343 N.W. 38th Street
Lincoln, NE 68524**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Waste Food Product**

State the term remaining **Yearly rollover**

List the contract number of any government contract _____

**Zerenga
200 NW Victoria Drive
Lees Summit, MO 64086**

Fill in this information to identify the case:

Debtor name **Grisham Farm Products, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **16-61149**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Annabelle Grisham

7335 Newkirk Road
Mountain Grove, MO 65711

Home Pride Bank

☒ D 2.3
☐ E/F _____
☐ G _____

2.2 Annabelle Grisham

7335 Newkirk Road
Mountain Grove, MO 65711

Southern Bank

☐ D _____
☒ E/F 3.260
☐ G _____

2.3 Annabelle Grisham

7335 Newkirk Road
Mountain Grove, MO 65711

The Bank of Missouri

☒ D 2.5
☐ E/F _____
☐ G _____

2.4 Lexie Grisham

7335 Newkirk Road
Mountain Grove, MO 65711

Home Pride Bank

☒ D 2.3
☐ E/F _____
☐ G _____

2.5 Lexie Grisham

7335 Newkirk Road
Mountain Grove, MO 65711

Southern Bank

☐ D _____
☒ E/F 3.260
☐ G _____

Debtor **Grisham Farm Products, Inc.**

Case number (if known) **16-61149**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Lexie Grisham	7335 Newkirk Road Mountain Grove, MO 65711	The Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.7	Rick Grisham	7334 Newkirk Road Mountain Grove, MO 65711	Home Pride Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.8	Rick Grisham	7334 Newkirk Road Mountain Grove, MO 65711	Southern Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.260</u> <input type="checkbox"/> G _____
<hr/>				
2.9	Rick Grisham	7334 Newkirk Road Mountain Grove, MO 65711	The Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				